



Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan(s) For Plan Year 2021

Please return this completed form via email to the Access Health CT (AHCT) Plan Management Team as denoted in Section I-D of the Access Health CT "Solicitation to Stand-Alone Dental Plan (SADP) Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace" ('Solicitation') no later than May 11, 2020.

I, _____, an authorized representative of _____, Issuer, have read the Solicitation and have decided to submit a Non-Binding Notice of Intent to apply for SADP certification. Submission of the Non-Binding Notice of Intent does **not** bind a prospective insurer to submit an application.

The Issuer intends to submit application for the following:

- Individual Marketplace SHOP Marketplace

Agreed and Accepted by:

Name	
Title	
Company	
Corporate Address	
Telephone	
E-Mail Address	
Date	
Signature	

Note: The Solicitation may be amended as deemed appropriate by AHCT. AHCT will forward amendments to the authorized representative listed above.